



Gymnastics Australia Talent Identification Assessment

Date: _____

GYMNAST INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Mother's Name: _____ Mobile: _____ Height (cm): _____

Father's Name: _____ Mobile: _____ Height (cm): _____

Contact e-mail: _____

PAST GYMNASTICS EXPERIENCE

Gymnastics experience / level / club: _____

Type of sessions (e.g. recreational, development squad, National stream competitive): _____

Number of sessions per week: _____ Number of hours per week: _____

MEDICAL

Medical conditions / previous or current injuries: _____

BODY SIZE (Refer to norms graph)

Gymnast age in years and months (e.g. 8.6): _____

Gymnast Height (cm): _____ Percentile: _____ Gymnast Weight (kg): _____ Percentile: _____

Mother Percentile: _____ Father Percentile: _____

EVALUATION SCALE

1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent

All ratings are given taking into account the child's age

POSTURE & GENERAL APPEARANCE

Body shape:



comment: _____

Standing posture: ☐ comment: _____

Standing posture arms overhead: ☐ comment: _____

Knee extension (standing position noting natural hyperextension): ☐ comment: _____

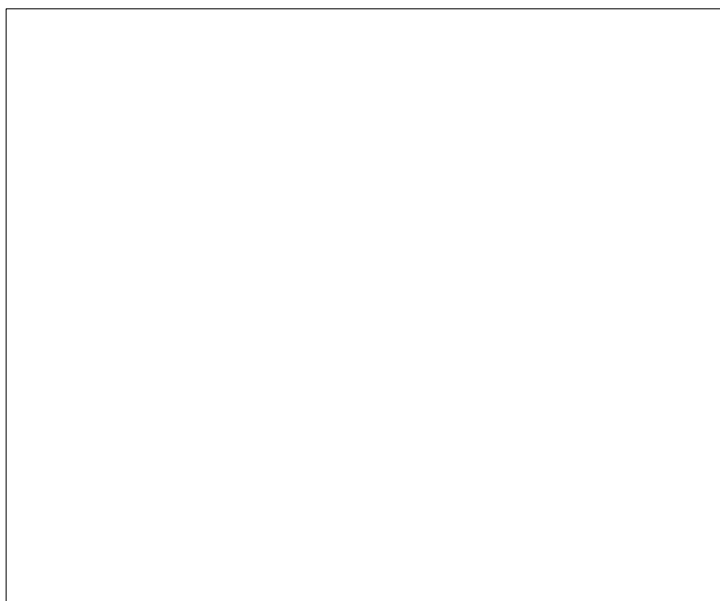
Knees (knocked/normal/bow): _____

Toe point: ☐ comment: _____

Elbow hyperextension: ☐ comment: _____

Overall posture rating: ☐

GYMNAST PHOTO



FLEXIBILITY AND HANDSTAND DEVELOPMENT

Right split: ☐ or over split front leg on board ☐ _____

Left split: ☐ or over split front leg on board ☐ _____

Centre split: ☐ or over split front leg on board ☐ _____

Pike sit: ☐ Straddle sit: ☐ _____

Bridge: ☐ Seated dorsal stretch: ☐ _____

Shoulder rotation with stick ☐ _____

Handstand shape: ☐ _____ Time: ☐ _____

Press to handstand: ☐ _____

General comments: _____

Overall flexibility and handstand rating: ☐

STRENGTH

L-hang (quality): ☐ Time: _____ or Leg lifts (number): ☐ _____

Bent arm hold: ☐ Time: _____ or Chin ups (number): ☐ _____

Rope 4m: Climb with feet (time): _____ or 4m Climb in straddle (Time): _____

Standing long jump (cm): ☐ _____

General comments: _____

Overall strength rating: ☐

COORDINATION AND SKILLS

Run style: ☐ 20m sprint time: _____ Comments: _____

Tuck jumps on the spot: ☐ Hopping: R ☐ L ☐ Step down punch jump to box: ☐ _____

Locomotor skipping (comment): _____

Trampoline jumping (comment): _____ Or basic saltos: _____

General comments: _____

Overall coordination rating: ☐

PERSONAL ATTRIBUTES (demonstrated during the session)

General demeanor: _____

Attention span/focus: _____

Ability to follow instructions: _____

Courage/willingness to try new things: _____

Competitiveness: _____

Overall personal attributes rating: ☐

Overall rating score (out of 25): ☐

ASSESSMENT SUMMARY

TESTING DETAILS

Tester name or names: _____

Testing location: _____

RECOMMENDATION

Offer High Performance Program Trial: Yes ☐ No ☐

Trial commencement date: _____ Coach/Group: _____

- ☐ Continue at current club
- ☐ Recommend to join a club – if not currently enrolled
- ☐ Recommend to change clubs – only if need more advanced program than the current club can offer
- ☐ Further assessment required – Assessment plan: _____

POST ASSESSMENT ADMINISTRATION

- ☐ Communication back the gymnast's club completed
- ☐ Communication back the gymnast's parent completed